

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

20 MAY - 1 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **604878** (9)

1. Corporation Name
WILLIAM L. HOWARD, O.D., P.A.

Principal Place of Business: **204 E. PALMETTO STREET
P.O. BOX 776
WAUCHULA FL 33873**
Mailing Address: **204 E. PALMETTO STREET
P.O. BOX 776
WAUCHULA FL 33873**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/18/1973**
3a. Date of Last Report: **05/01/1994**

21. Principal Place of Business: **21**
26. Mailing Address: **26**

4. FEI Number: **59-1500186**
Applied For: Not Applicable:

22. State Apt # etc: **22**
27. State Apt # etc: **27**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **23**
28. City & State: **28**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: **24** County: **25** City: **29** Country: **30**

8. This corporation has liability for intangible tax under § 199(3)(b) Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**HOWARD, WILLIAM L. O.D.
204 E. PALMETTO STREET
WAUCHULA FL 33873**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83.
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 604, 605, and 607, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of Section 607(b)(2), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN:	
NAME	PD HOWARD, WILLIAM L. 204 E. PALMETTO STREET WAUCHULA FL	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD HOWARD, NEVA 204 E. PALMETTO STREET WAUCHULA FL	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S KNOLL, M. J. 200 N. FLORIDA AVE. WAUCHULA FL	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and valid for the corporation stated in Section 199(2)(b), Florida Statutes. I further certify that this information is stated on this annual report or supplemental annual report as true and valid and that my signature shall have the same legal effect as if made in person. I am an officer or director of this corporation or the treasurer or other responsible person for the filing as required by Section 607, Florida Statutes, and that my name appears in Block 12 of this report or in any other report with my address.

SIGNATURE: *William L. Howard* - 4/21/95 813 7239469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR